# EMS MEDICAL SUPERVISION PLAN
# FOR
# WOOD RIVER/SAWTOOTH EMS ASSOCIATION
# MEMBER AGENCIES

Camas County Ambulance
Carey Quick Response Unit
Wood River Fire and Rescue
Hailey Fire Department
Ketchum Fire Department
Sun Valley Fire Department
Stanley Ambulance

Keith T. Sivertson, M.D.
EMS Medical Director
September 2008

# A: EMS Personnel Credentialing

1. The individual EMS licensed agency shall be responsible for verifying that each EMS responder in that agency is currently certified by the Idaho State EMS Bureau.
2. All EMS responders in the geographic area of the Wood River/Sawtooth EMS Association shall maintain affiliation with one or more of the member agencies.
3. At the time of re-certification a designated representative of each EMS agency shall review and approve the qualifications, proficiency and affiliation of the individual seeking EMS re-certification before the re-certification application is submitted to the EMS Medical Director.
4. The EMS Medical Director may at any time, in consultation with agency leadership require remedial training or competency testing of an EMS provider. The EMS Medical Director may, at any time, modify, restrict, or suspend the scope of practice of any EMS provider if there is sufficient evidence to cause the EMS Medical Director to believe an EMS provider is not competent in performing at a given level of certification or not competent in the performance of a required or optional skill or intervention.
5. EMS Agency Orientation—prior to responding for the first time as an EMS responder, each EMS agency shall provide and document the completion of an EMS orientation that shall include the following elements. This orientation may be provided/completed in conjunction with an orientation to Fire and Rescue operations if an agency provides multiple services. Further, each EMS agency shall review update and refresh personnel on these elements on a periodic basis. The required elements include:
    a. EMS agency policies
    b. EMS agency procedures
    c. Medical Treatment Protocols
    d. Radio Communications Procedures
    e. Hospital/facility Destination Policies
    f. Unique System Features (if any)
6. EMS agency Evaluation—The EMS Medical Director shall meet annually with the EMS agency leadership to evaluate agency function

as a whole and assist the agency in developing a corrective action plan to correct any identified deficiencies.

## B: Indirect (Off-line) Supervision

1. Written Standing Orders and Treatment Protocols are appended (Standard Procedure Manual).
2. Optional Skills:
    a. Individual EMS agencies may, with the approval of the EMS Medical Director, adopt any of the Optional Skills and interventions approved by the Idaho EMS Physicians Commission.
    b. The agency shall be responsible for developing the initial and recurrent training program for the optional skill or intervention.
    c. Individual EMS responders shall be required to demonstrate competency on an annual basis of each optional skill or intervention.
3. Initial and Continuing Education (in addition to that required by the EMS Bureau): may be required by an individual agency to ensure that individual EMS responders can demonstrate annual skill competence.
4. Methods of Assessment and Improvement:
    a. The EMS Medical Director shall periodically meet with the individual responsible for training within an agency and review the training curriculum.
    b. The EMS Medical Director shall observe training and specific recommendations made to the agency training officer as indicated.
    c. The EMS Medical Director will directly observe EMS providers in the field on actual EMS calls to ascertain the proficiency of individual providers as well as to assess the overall effectiveness of care delivered.
5. Periodic Assessment of Psychomotor Skill Proficiency:
    a. The EMS Medical Director will annually observe each EMT-Paramedic in the field, in other clinical settings and in training with a high performance patient simulator.
    b. The EMS Medical Director will annually observe each Advanced EMT in the provision of skills unique to this level

of certification either in the field, in other clinical training sessions or with a high performance patient simulator.

c. The EMS Medical Director may rely on individual agency training officers to annually ensure the clinical competence of all EMR and EMT-Basic personnel with periodic observation by the EMS Medical Director in the field or during training sessions.

6. Medical Supervision of Certified EMS Personnel in Disaster or Incident Response:
    a. Will be the same as with normal operations.
    b. EMS responders are specifically authorized to perform the same skills and interventions in a hospital or casualty clearing station on a temporary emergency basis as they are allowed in normal operations without filing a separate medical supervision plan as required by a clinic or hospital using EMS personnel on a routine basis.
7. Off Duty EMS Response:
    a. Each EMS responder supervised by this plan may respond on an off duty basis to any EMS emergency in the geographic region of Wood River/Sawtooth EMS Association.
    b. The individual EMS responder may perform skills and interventions for which their competency has been recognized and documented within their level of certification by their own agency.
    c. It is the responsibility of the individual EMS responder not to perform any intervention for which they have not demonstrated competency.
    d. The off duty responder shall obey all traffic laws and rules for motorized access and shall never endanger themselves or others during an off duty response.
    e. The off duty EMS responder shall coordinate the care of the patient with on duty responders such that the same or higher level of EMS care will be provided as needed while the patient is transported to the closest appropriate medical facility.
8. Credentialing of EMS personnel for Emergency Response:
    a. The EMS Medical Director will review each the performance of each EMS agency and EMS responder initially and on an annual basis.

b. The EMS Medical Director may, by written notification of the individual EMS responder and agency revoke the ability of the individual EMS responder to provide specific skills or interventions on a temporary basis pending additional training or testing or permanently.

9. Emergency Response Based on Dispatch:
    a. The EMS response in the Wood River/Sawtooth EMS Association geographic area will NOT be tiered.
    b. Individual agencies may by policy request additional resources for specific scenarios (cardiac arrest, backcountry rescue, etc).
    c. Blaine County may establish a valley-wide "all-call" where certain call types ("unconscious/unresponsive") trigger dispatch to tone all pagers for "any EMS responder". This is intended to enhance an interagency response on an off duty basis as described in Section B(7) above. Further, in Blaine County, dispatch may tone all pagers and direct "all EMS responders report to your stations and standby for further information" for mass casualty and tactical incidents.
10. Triage, Treatment and Transport Guidelines:
    a. The START triage program shall be the standard for triage in multiple casualty incidents.
    b. The Wood River /Sawtooth EMS Association Standard Procedure manual shall contain necessary procedures and protocols for treatment and transport.
11. Scene Management for Multiple Agency Response: shall follow the Incident Command System format of the National Incident Management System.
12. Patient Destination Determination Criteria: Will be to the closest appropriate health care facility and will consider time of day, season of year, geography and weather. Transport of the patient shall be in a manner deemed by the incident commander to represent the least risk to patient and providers.
13. Utilization of Air Medical Resources:
    a. Shall be the sole discretion of the incident commander and shall maintain the standard of transporting the patient to the closest appropriate facility in the shortest amount of time, with the least risk to the patient and providers.
    b. Certain criteria may be developed in collaboration between EMS agencies and dispatch to request Air Medical Resources

before EMS arrives on scene based on pre-arrival patient information, geographic location and time of day.

c. Certain patient types will require Air Medical Resources due to the distance to the closest appropriate facility. These will typically include the multiple trauma patient, the head injured patient with a Glasgow coma score of </= 13, the patient with a penetrating injury of the eye, and a seriously burned patient.
d. A specific Air Medical Service may be chosen based on the Air Medical program's willingness to train with ground EMS agencies and provide timely patient care reports to the EMS Medical Director.
e. A specific Air Medical Program may be chosen because of specific demonstrated competency in backcountry operations and willingness to work and train with other helicopter resources.
f. Non-medical helicopter resources, including Heli-Ski, government or law enforcement, may be requested to assist in finding, accessing or transporting the patient as the incident commander determines based on B:13(a.) above.

14. Patient Non-Transport Scenarios
    a. Patient Refusal:
        i. Patients have the right to refuse treatment and or transport.
        ii. Each patient contacted shall have the contact and any treatment or advice documented on the patient care report.
        iii. If possible, the EMS provider should have the patient sign a refusal of service form developed by the EMS agency.
        iv. If the EMS provider feels the patient is not capable of making an informed decision regarding treatment or transport, a law enforcement agent may be summoned to determine whether a patient should be treated or transported against the patient's will.
        v. The badge number and name of the law enforcement officer shall be recorded in the patient care record.
    b. Treat and Release:
        i. Patients have the right to be treated but choose not to be transported.

ii. Any patient who wishes to be transported to the hospital will have such transport when sufficient resources are available.
iii. All patients who decline ambulance transport should be cautioned to seek further evaluation and treatment at a hospital, clinic or office.
iv. If possible, the EMS provider should have the patient sign a refusal of service form developed by the EMS agency.
v. If the EMS provider feels the patient is not capable of making an informed decision regarding treatment or transport, a law enforcement officer may be summoned to determine whether a patient should be treated or transported against the patient's will.
vi. The badge number and name of the law enforcement officer shall be recorded in the patient care record.

c. POST, DNR and other valid orders:
   i. Patients have the right to choose palliative care and to decline care the patient does not want.
   ii. EMS providers may presume that a 911 call for EMS assistance is a call for help, and in the absence of sufficient documentation declining life-saving interventions EMS providers should provide all possible life-saving interventions.
   iii. EMS providers should seek and respect patient's Advanced Directives, which may include POST, written advanced directives, or directions by the individual identified in the patient's durable power of attorney.
   iv. Patients may always be offered comfort care, splinting, gentle transport and oxygen.
d. Determination of Death:
   i. Obvious signs of death such as rigor mortis, dependent lividity, decapitation, etc require no further effort to determine death.
   ii. Multiple casualty incidents or tactical incidents may require rapid determination of which patients may respond to treatment and which are destined to die. In these cases death should be confirmed with careful

physical exam including cardiac monitor (when available) as resources become available.

iii. Unique circumstances such as cold-water immersion may prompt resuscitation efforts despite cardiac asystole.

15. Cancellation/Response Modification Criteria:
    a. Resources may be cancelled or modified by the incident commander based solely on the needs of the patient.
    b. EMS responders of a higher level of certification that those on scene may opt to continue to the scene without lights or siren even when cancelled by the incident commander.
16. Equipment Authorized for Patient Care:
    a. Any patient care equipment must be used consistent with the EMS providers' demonstrated competency and the Standard Procedures Manual.
    b. All medications must be listed in the medication formulary approved by the EMS Medical Director.
17. Medical Communications Guidelines:
    a. Communication devices may include but are not limited to two way radio, cellular telephone, satellite telephone, and landline telephone and facsimile machine.
    b. EMS providers should seek information from the EMS base station hospital or other receiving hospital when unsure about the necessary treatment for a patient or if specifically required by protocol.
    c. In the case of communications failure, the patient should be treated within the EMS provider's scope of practice and Standard Procedure Manual and contact made as soon as possible.
18. EMS providers shall document all patient care in a form acceptable to the Idaho EMS Bureau.
    a. The names of off duty responders to the incident should be recorded as well.
    b. The names of law enforcement officers making the decision about the ability of a patient to refuse treatment should be recorded in the patient care record.
19. Notification of the EMS Medical Director:
    a. The EMS medical Director shall be notified as soon as practical via cellular phone for the following scenarios:

i. Pronouncement of death by EMS Providers, Cardiac or Trauma arrest including shortly after arrival to the Emergency Department
ii. Use of advanced airway techniques
iii. Perceived patient care error possibly resulting in injury to the patient.

## C. Direct (On-line) Supervision

1. Physicians designated to provide direct supervision:
    a. Emergency Physicians staffing the Emergency Department of St Lukes Wood River Medical Center or
    b. Physicians staffing receiving Hospitals.
2. Independently licensed mid level providers (Nurse Practitioners and Physician Assistants) at:
    a. Gooding Memorial Hospital
    b. Camas Health Services
    c. Salmon River Clinic

    May direct EMS providers transporting patients to their facilities.
3. On-scene Supervision Procedures:
    a. The EMS Medical Director may provide on-scene direction as available for direct patient care, supervision, teaching and quality improvement.
    b. The patient's physician may provide direct patient care if the physician takes all patient responsibility and provides direct patient care throughout the transport to the hospital.
    c. Physicians not known to the EMS providers may provide direct patient care to the patient throughout transport if:
        i. The physician provides proof of current Idaho medical licensure, and
        ii. Agrees to be totally responsible for the care of the patient until the care of the patient is transferred to hospital, clinic or air medical personnel
        iii. The patient agrees to the care of the physician

## D. Supervision and Training of EMS Students

1. Clinical Experience: EMS students doing clinical rotations at health care facilities shall be under the direct clinical supervision of the health care facility staff and shall perform only those skills agreed to by the course coordinator and course medical director.

2. In field training: EMS personnel in training may perform skills as taught in the training program in the field, while under appropriate supervision, after having demonstrated competency in classroom or clinical settings.
3. Internships: Supervision of EMS interns shall be determined by written agreement of the course coordinator and the clinicians providing the internship experience.
4. "Ride-along" experience for Non-EMS personnel shall be governed by policy and procedure developed by the licensed EMS agency with consent of the medical director. The policy/procedure shall contain the following elements:
    a. Who may participate as a "ride-along" including age of the participant
    b. Who will specifically supervise the "ride-along" participant
    c. What if any role the "ride-along " participant will have in patient care
    d. How patient confidentiality will be protected

## E. Other Components

1. The licensed EMS agency shall be responsible for facilitating individual EMS provider continuing education and documentation of clinical competency for review by the EMS medical director and Idaho EMS Bureau.
2. The licensed EMS agency shall be responsible for reporting in a timely manner to the Idaho EMS Bureau and the EMS Medical Director when an individual EMS provider ceases affiliation with the agency.
3. The EMS Medical Director will provide oversight of quality improvement programs of licensed EMS agencies and EMS dispatch
4. Interfacility Transports:
    a. May be undertaken by EMS agencies when such transfer is perceived as not likely to negatively impact response to emergency calls.
    b. Shall be staffed with EMS providers certified at a level necessary to provide adequate care to the patient being transferred.
    c. If a skill or intervention is required for a patient that exceeds the certification level of the available EMS providers it shall be the responsibility of the transferring institution to make

personnel and equipment available for the transfer to meet the patient's medical needs.

d. May not put patients, EMS providers or drivers at undue risk of injury due to weather conditions.
e. The EMS Medical Director or if unavailable, the Emergency Physician on duty in the Emergency Department of St. Lukas Wood River Medical Center may be contacted to determine both timing and staffing of inter-facility transfers.

5. The Emergency Medical Dispatch protocols, the Medical Supervision Plan, and the Standard Procedure manual shall be reviewed annually by the EMS Medical Director.
6. The Medical Supervision Plan and the Standard Procedure Manual may be provided to all receiving facilities.